

FORM 28
(prescribed under various schedules to Rule 160)

CERTIFICATE OF FITNESS

Serial No.....

I certify that I have personally examined (name)

_____ son of _____ residing at _____

_____ who is desirous of being employed as (designation) _____ in (process, department and factory) _____

_____ and that his age, as nearly as can be ascertained from my examination, is _____ years, and that he is, in my opinion, fit / unfit for employment in the above mentioned factory as mentioned above.

2. He may be produced for further examination after a period of _____.

3. The serial number of the previous certificate is _____.

Signature or left
hand thumb impression
of person examined

Signature of Certifying Surgeon
Date

I certify that I examined the person mentioned above on	I extend this certificate until (if certificate is not extended, the period for which the worker is considered unfit for work is to be mentioned)	Signs and symptoms observed during examination	Signature of the certifying surgeon
1	2	3	4